

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) MERCK-3028										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Valerie AUTIER, et al.</td> </tr> <tr> <td style="padding: 5px;">Application Number 10/541,377</td> <td style="padding: 5px;">Filed July 6, 2005</td> </tr> <tr> <td colspan="2" style="padding: 5px;">KYNURENINE 3-HYDROXYLASE INHIBITORS FOR THE For TREATMENT OF DIABETES</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 1614</td> <td style="padding: 5px;">Examiner Alicia R. HUGHES</td> </tr> </table>			In re Application of Valerie AUTIER, et al.		Application Number 10/541,377	Filed July 6, 2005	KYNURENINE 3-HYDROXYLASE INHIBITORS FOR THE For TREATMENT OF DIABETES		Group Art Unit 1614	Examiner Alicia R. HUGHES		
In re Application of Valerie AUTIER, et al.												
Application Number 10/541,377	Filed July 6, 2005											
KYNURENINE 3-HYDROXYLASE INHIBITORS FOR THE For TREATMENT OF DIABETES												
Group Art Unit 1614	Examiner Alicia R. HUGHES											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$<u>120.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$_____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>525.00</u>.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p style="padding-left: 40px;">I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 80px;">Registration number if acting under 37 CFR 1.34(a). _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">September 29, 2008</p> <p style="text-align: center;">Date</p> </div> <div style="width: 45%;"> <p style="text-align: center;">/Csaba Henter/</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">Csaba Henter</p> <p style="text-align: center;">Typed or printed name</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>120.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$_____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>120.00</u>											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$_____											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$_____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____											